

Unannounced Medicines Management Inspection Report 31 May 2016



Palmerston

Type of Service: Residential Care Home
Address: 9-17 Palmerston Road, Belfast, BT4 1QA
Tel No: 028 9065 6166
Inspector: Rachel Lloyd

1.0 Summary

An unannounced inspection of Palmerston took place on 31 May 2016 from 09.45 to 13.50.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The management of medicines supported the delivery of safe, effective and compassionate care and the service was found to be well led in that respect. The outcome of the inspection found no areas of concern. A Quality Improvement Plan (QIP) has not been included in this report.

Is care safe?

No requirements or recommendations have been made.

Is care effective?

No requirements or recommendations have been made.

Is care compassionate?

No requirements or recommendations have been made.

Is the service well led?

No requirements or recommendations have been made.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with the manager, Mrs Marsha Tuffin, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 10 March 2016.

2.0 Service details

Registered organisation/registered provider: Abbeyfield and Wesley Housing Association Limited/ Mrs Geraldine Gilpin	Registered manager: See box below
Person in charge of the home at the time of inspection: Mrs Briega Dawson, Deputy Manager until 12.00. Mrs Marsha Tuffin from 12.00 onwards.	Date manager registered: Mrs Marsha Tuffin - Registration pending
Categories of care: RC-DE, RC-I, RC-PH(E), RC-SI	Number of registered places: 38

3.0 Methods/processes

Prior to inspection the following records were analysed:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of medicine related incidents reported to RQIA since the last medicines management inspection

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

We met with the manager, two deputy managers, one care assistant and two residents.

A sample of the following records was examined during the inspection:

- medicines requested and received
- personal medication records
- medicine administration records
- medicines disposed of or transferred
- controlled drug record book
- medicine audits
- policies and procedures
- care plans
- training records
- medicines storage temperatures

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 10 March 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the care inspector at their next inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 14 April 2015

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 13(4) Stated: Second time	<p>The responsible person must review the management of warfarin as detailed in the report.</p> <p>Action taken as confirmed during the inspection: Warfarin was not prescribed for any resident; however the management of this medicine had been reviewed and recent records were examined. Satisfactory systems were in place including written confirmation of warfarin doses, two staff being involved in the administration of warfarin and the transcription of dosage information, and running stock balances being maintained. These are all considered safe practice.</p> <p>Due to the evidence in place and the assurances provided by the manager this requirement was not stated for a third time.</p>	Met

<p>Requirement 2</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p>	<p>The registered person must closely monitor the administration of Spiriva Respimat to ensure that it is being administered as prescribed.</p> <hr/> <p>Action taken as confirmed during the inspection: This medicine was no longer prescribed; however the system for monitoring the administration of this medicine was examined. This medicine had been closely monitored following the last medicines management inspection and the systems in place were found to be satisfactory. Other inhaler preparations were audited and the outcomes were satisfactory.</p> <p>Due to the evidence in place and the assurances provided by the manager this requirement was not stated for a second time.</p>	<p>Met</p>
<p>Last medicines management inspection recommendations</p>		<p>Validation of compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 30</p> <p>Stated: First time</p>	<p>The responsible person should review and revise the systems in place for the covert administration of medication.</p> <hr/> <p>Action taken as confirmed during the inspection: Systems had been revised following the last inspection. Where covert administration was considered appropriate, this was documented in the care plan and authorisation from the general practitioner was in place. There was evidence that alternative systems had been pursued where possible including changing medicine administration times and/or the prescribed formulations of medicines to assist administration where possible.</p>	<p>Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 30</p> <p>Stated: First time</p>	<p>The registered person should ensure that detailed care plans are in place for residents who are prescribed thickening agents.</p> <hr/> <p>Action taken as confirmed during the inspection: This was evidenced in the care plans examined.</p>	<p>Met</p>

Recommendation 3 Ref: Standard 30 Stated: First time	The registered person should ensure that records for staff training on the use of thickening agents are maintained.	Met
	Action taken as confirmed during the inspection: Records of staff training on the use of the thickening agent prescribed were in place. These were dated May 2015.	

4.3 Is care safe?

Medicines were managed by staff who have been trained and deemed competent to do so. An induction process was in place. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually at appraisal. A revised competency assessment procedure was recently introduced by the provider and the manager stated that this is currently being implemented.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Procedures were in place to identify and report any potential shortfalls in medicines.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records were updated by two members of staff. This safe practice was acknowledged.

There were procedures in place to ensure the safe management of medicines during a resident's admission to the home and discharge from the home.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Checks were performed on controlled drugs which require safe custody, at the end of each shift.

Robust arrangements were observed for the management of high risk medicines e.g. insulin.

Appropriate arrangements were in place for administering medicines in disguised form.

Discontinued or expired medicines were disposed of appropriately.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. Suitable arrangements were in place for the management of medicines which required cold storage.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

The sample of medicines examined had been administered in accordance with the prescriber's instructions. There was evidence that time critical medicines had been administered at the correct time. There were arrangements in place to alert staff of when doses of weekly medicines were due.

When a resident was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, dosage instructions were recorded on the personal medication record. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a resident's behaviour and were aware that this change may be associated with pain. The reason for and the outcome of administration were recorded. A care plan was maintained. The manager stated that strategies to reduce distressed reactions were in place.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the resident was comfortable. Staff advised that pain is assessed as part of the admission process. A care plan was maintained. A pain assessment tool was in place for use when necessary.

The management of swallowing difficulty was examined. For those residents prescribed a thickening agent, this was recorded on their personal medication record and included details of the fluid consistency. Each administration was recorded and a care plan and a speech and language therapy assessment report was in place.

Staff confirmed that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on the resident's health were reported to the prescriber.

Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included maintaining additional records for the administration and removal of transdermal patches, for non-prescribed medicines and for antibiotics.

Practices for the management of medicines were audited weekly by the manager and staff. These audits had resulted in positive outcomes. In addition, a quarterly audit was completed by the community pharmacist.

It was evident that when applicable, other healthcare professionals were contacted regarding the management of medicines.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

The administration of medicines to residents was completed in a caring manner, residents were given time to take their medicines and medicines were administered as discreetly as possible.

During discussions with staff and residents we identified that residents were listened to and responded to by staff. Staff members at various levels were knowledgeable about the needs, preferences and abilities of individual residents.

We met with two residents individually and with others in groups. In accordance with their capabilities, all indicated that they were content and were complimentary about their care.

Residents who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Residents were observed enjoying lunch in small groups, the environment was calm and care staff were providing assistance discreetly as necessary.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Written policies and procedures for the management of medicines were in place. These had been reviewed in February 2015.

There were arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents should they occur.

A review of the home's audit records indicated that satisfactory outcomes had been achieved.

Following discussion with the staff on duty, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management and any concerns in relation to medicines management would be raised with the registered manager. A medicines management communication book was in use by all relevant staff and the manager and staff were observed communicating effectively regarding the management of medicines.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards.



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